

Buteyko Breathing Centre

Your Details – Course Enrolment Form

First Name: Surname:
Address:
..... Postcode:
Tel. Home: Tel. Work: E-mail:
Age: Male/Female: Occupation:

Please enrol me

on the Buteyko Institute Method course starting on / / . Enclosed is a cheque for the sum of \$100, as a non refundable deposit, made payable to

Pure health International Limited. PO Box 802, Whakatane

Please tick one box

- Child/Concession
- Adult
- Family – two adults and two children
- The investment in your health is G.S.T. Inclusive.

The outstanding balance is payable one week prior to commencement of the course.

I understand that the Buteyko Institute Method course is a series of lectures and practical training in breathing reconditioning and does not constitute medical treatment. I am aware that my medication should be kept with me at all times. Furthermore I, the undersigned, agree only to modify prescribed medication after direct consultation with a medical doctor or asthma nurse. **I agree not to attempt to teach the Buteyko Institute Method to others.**

I understand that unless I attend at least the first four days of the course and practise the Method as taught I am not entitled to receive a refund of any money paid. I further understand that providing I attend the course for the required minimum of 4 days, I may claim a refund of the money I have paid less deposit within 30 days from the start of the course if I have not gained any benefit from practising the Buteyko Institute Method as taught.

Signature:

Name: (Block Capitals)

Date:
(if under 18 years of age, this form must be signed by a parent or guardian)